

INDIVIDUAL RESPONSIBILITY PLAN (IRP)  
**REFERRALS (RO, RA, RT, RZ, SR)**

I will contact the provider listed below by the date listed below to start receiving the services listed below. If I cannot make it to my interview, I will call the phone number listed below on or before the same day and explain why I cannot come in. I understand that if I do not call in on or before the same day, it will be considered an unexcused absence and that two unexcused absences in a month may result in sanction. I have adequate child care and transportation has been addressed, and is not an issue. My WorkFirst case manager and I will review this IRP again on the date listed below to review the requirements in my IRP.

Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Must contact provider by this date: \_\_\_\_\_

- ☐ Drug or alcohol referral
- ☐ To resolve this issue: \_\_\_\_\_
- ☐ Customized Job Skills training or High-Wage, High Demand training
- ☐ Other training
- ☐ Tribal activities
- ☐ Create appropriate living arrangements or enroll in a high school/GED program
- ☐ Pursue SSI, L&I, VA, or other benefits
- ☐ Find child care or care for an incapacitated adult
- ☐ Do the activities in my DVR Plan
- ☐ Alcohol or substance abuse treatment
- ☐ Mental Health Services
- ☐ Resolve homelessness or housing issues
- ☐ Medical Services
- ☐ Parenting skills, nutrition classes, and family planning services
- ☐ Family violence

Phone number: \_\_\_\_\_

Date of next IRP review: \_\_\_\_\_